

GP Referral Form

Patient Name: _____

D.O.B: _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

MRN: _____

Private Health Insurer: _____

Member No: _____

REFERRER DETAILS

Practice Name: _____

Provider No: _____

Referring Doctor: _____

Phone/Mobile: _____

Email: _____

Fax: _____

Known / Existing Specialist: _____

Referring Doctor Signature: _____

Date: _____

SYNCOPE CHECKLIST *(Please tick as appropriate)*

1. Does the patient experience Syncope or Pre syncopal symptoms such as dizziness?

Yes No

2. Does the patient lose consciousness? (Please ask a witness)

Yes No

Comments _____

3. How frequently do these syncopal episodes or pre syncopal symptoms occur?

Daily

Weekly

Every 1-2 weeks

Less frequent than every 2 weeks

PATIENT HISTORY / CO-MORBIDITIES / CLINICAL NOTES

**Please include any details on any investigations ordered/requested in the past 12 months and print and attach copy if more convenient*

PATIENT MEDICATION(S)

Patient Information

BEFORE YOUR VISIT

It is important to think about the details surrounding your unexplained blackout, faint or unexplained fall episode(s). Was there something specific that happened before the event (eg were you feeling unwell, dehydrated or anxious)? Sometimes there are 'premonitory symptoms' such as feeling lightheaded, experiencing nausea or having heart palpitations that occur before you blackout, faint or fall. If so, how long did the episode last? How did you feel afterwards? It is important to recount as much information as possible as this will assist the clinic staff with your assessment.

DURING YOUR FIRST VISIT YOU COULD EXPECT THE FOLLOWING:

Verbal assessment – including a thorough exploration of your medical history and any pre-existing conditions

Physical assessment – including a check of your blood pressure, taking some blood tests, performing an ECG and if appropriate an ultrasound of your heart and a Tilt Table Test.

Doctor review – a trained syncope doctor will review your test results and request any further tests if needed.

Suspected diagnosis and treatment pathway – a trained syncope doctor will detail your suspected diagnosis (if one is determined) and outline the appropriate treatment pathway.

Referral and discharge information – the doctor will provide a referral to the appropriate specialist if needed (eg cardiologist, neurologist etc), referral to the Multidisciplinary Team (MDT) or if no further investigation is required, the doctor will provide educational discharge information.

Please note: Only the clinic appointment and associated clinic tests are bulk-billed through Medicare. **If you are subsequently admitted to hospital or referred to a specialist there may be additional charges. These charges are subject to your private health fund cover and the billing practices of the relevant specialists.**

WHAT TO BRING WITH YOU TO YOUR APPOINTMENT

The syncope (medical term for blackouts or faints) assessment pathway identifies that a small percentage of patients may be admitted to hospital for further monitoring or more extensive testing after their clinic assessment.

We also request that you bring any test results, scans or x-rays from the past 12 months and a list of all your current medications you are taking in their original packaging as well as (if appropriate).

HOW TO FIND US

The hospital is accessible by car or public transport. For comprehensive information on how to find us, scan the QR code below.



www.sah.org.au/blackouts-and-faints

A division of Adventist HealthCare Limited
ABN 76 096 452 925

EYEWITNESS ACCOUNT

If there was an eyewitness to the episode, it is also important to get details from them of what they recalled of the event. Did they notice any changes to your condition or demeanour? Please use the space below for your eyewitness recount of the event, especially if they will not be with you when you visit.

